

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/825,032
Filing Date	April 14, 2004
First Named Inventor	HAUDRICH, Darin P.
Art Unit	2121
Examiner Name	Peter D. Coughlan
Attorney Docket Number	022000-001700US

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 20350


NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Assignee instructed application be transferred to new law firm for prosecution.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Wildman, Harrold, Allen & Dixon LLP		
Address	225 W. Wacker Dr.		
City	Chicago	State IL	Zip 60606
Country	US		
Telephone	(312) 201-2721	Email	
Signature			
Name	Raymond B. Horn	Registration No.	44,773
Date	August 30, 2006	Telephone No.	858-350-6100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.